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STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATIONS
DIVISION OF MEDICAL QUALITY ASSURANCE

In re:

Joan James, L.P.N.

Petition No. 870701-11-010

CONSENT ORDER

WHEREAS, Joan James of Waterbury, Connecticut has been issued license number 017039 to practice as a licensed practical nurse by the Department of Health Services pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, Joan James hereby admits and acknowledges that:

1. During February, 1987 and through April, 1987, while employed as a nurse at Waterbury Hospital in Waterbury, Connecticut she diverted to herself the controlled substance Demerol.
2. During February, 1987 and through April 1987 she abused or utilized to excess said Demerol.
3. During February, 1987 and through April, 1987 she falsified controlled substance records.
4. She is licensed as a nurse only in Connecticut and does not have licensure pending in any other state.
5. The conduct described in 1., 2. and 3. above fails to conform to the accepted standards of the nursing profession in violation of §20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the Connecticut General Statutes, Joan James hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of this matter.
2. That her license number 017039 to practice as a licensed practical nurse in the State of Connecticut is suspended for four years. She shall surrender her license to the address listed in paragraph 9. below.
3. That she may apply for a stay of the suspension and request probation after at least two years of the suspension has passed.
4. That if she applies for a stay of suspension and requests probation she must provide written documentation from her nursing employer that the employer is willing to monitor her practice and issue reports to the Connecticut Board of Examiners for Nursing.
5. That if she is granted a stayed suspension, she will be on probation, and her probation will be subject to the following conditions:
 - A. 1. She shall provide a copy of this Consent Order to her therapist.
 2. She shall engage in counseling with a licensed or certified therapist at her own expense.
 3. She shall be responsible for bi-monthly reports from her therapist for the period of probation; said reports are due on the first business day after every second month.
 4. She shall be responsible for providing random urine or blood screens for drugs at the discretion of her

therapist. There must be at least one such drug screen bi-monthly for the period of probation.

Said reports shall be negative for drugs.

5. Said reports cited in 5.A.3. and 3.A.4. above shall include documentation of dates of treatment, an evaluation of her progress and drug free status, and copies of laboratory reports.

- B.
 1. She shall provide a copy of this Consent Order to her employer.
 2. She shall not accept employment as a nurse for a personnel provider for the period of her probation.
 3. She shall be responsible for bi-monthly reports from her nursing supervisor (i.e. Director of Nursing) due on the first business day after every second month.
 4. Said reports cited in 5.B.3. above shall include documentation of her ability to safely and competently practice nursing.
6. That she shall not use any drug that has not been prescribed for a legitimate purpose by a licensed health care practitioner.
7. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of employment.
8. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of address.

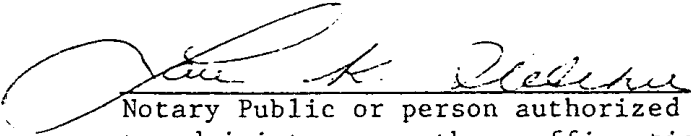
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9. That all correspondence and reports are to be addressed to:
Office of the Board of Examiners for Nursing
Department of Health Services
150 Washington Street
Hartford, CT 06106
 10. That any deviation from the term(s) of this Consent Order shall constitute a violation of probation. A violation of any term(s) of the Consent Order specified in paragraphs 5., 6., 7., or 8. above shall result in the right of the Connecticut Board of Examiners for Nursing to immediately revoke her registered nurse license. Any extension of time or grace period for reporting granted by the Connecticut Board of Examiners for Nursing shall not be a waiver or preclude the Board's right to revoke at a later time. The Connecticut Board of Examiners for Nursing shall not be required to grant future extensions of time or grace periods. Notice of revocation shall be sent to her address of record (most current address reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department of Health Services or the Connecticut Board of Examiners for Nursing).
 11. That this Consent Order is effective the first day of the month immediately following the date said Consent Order is ordered and accepted by the Connecticut Board of Examiners for Nursing.
 12. That she understands this Consent Order is a matter of public record.
 13. That she understands that this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing (1) in which her compliance with this same order is at issue, or (2) in which her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.

14. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive her of any rights that she may have under the laws of the State of Connecticut or of the United States.
15. That she permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Department of Health Services to present this Consent Order and the prehearing review documents to the Connecticut Board of Examiners for Nursing. She understands that the Connecticut Board of Examiners for Nursing has complete and final discretion as to whether an executed Consent Order is approved or granted.
16. That she understands that she has the right to consult with an attorney prior to signing this document.

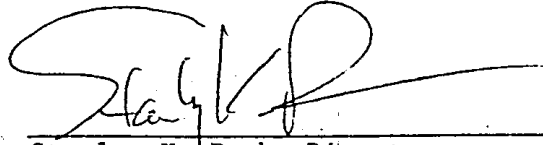
I, Joan James, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.


Joan James

Subscribed and sworn to before me this 29 day of February 1988.


Notary Public or person authorized by law
to administer an oath or affirmation
My Commission Expires
March 31 1991

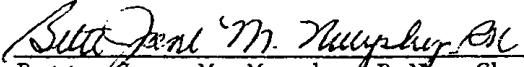
The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 12th day of March 1988, it is hereby accepted.



Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 16th day of March 1988, it is hereby ordered and accepted.

CONNECTICUT BOARD OF EXAMINERS FOR NURSING

By: 
Bette Jane M. Murphy, R.N., Chairperson
Connecticut Board of Examiners for Nursing

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